

Homeowner Insurance Quote



Today's Date:		Referred By:	
Name	DOB / /	SSN - -	
	Occupation		How Long?
Spouse's Name		DOB / /	
	Occupation	SSN - -	How Long?
Contact #'s		Is home occupied by tenant or owner?	

Email Address:	How long at present address?	Have you have any losses in the last 5 years? <input type="radio"/> Yes <input type="radio"/> No If YES, list Detail and Date ↓
	Present Homeowner's Carrier:	
	Exp. Date:	
Mailing Address	Current Liability Limits:	
Parish		

Property Address to be Insured (if different)	Year Built	Number of Stories?	Living Area (Sq. Ft.)	Acres of Land
	Construction Type (choose one) <input type="radio"/> Brick <input type="radio"/> Frame			
	Roof Material <input type="radio"/> Corr. Steel <input type="radio"/> Metal <input type="radio"/> Tin <input type="radio"/> Comp. <input type="radio"/> Shingle <input type="radio"/> Arch. Shingle			Age of Roof:
	Roof Shape <input type="radio"/> Hip <input type="radio"/> Gable <input type="radio"/> Flat	Roof Condition <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Poor		Last Update:
	<input type="radio"/> Slab <input type="radio"/> Crawlspace <input type="radio"/> Piers	If crawlspace, enclosed? <input type="radio"/> YES <input type="radio"/> NO		Enclosure Material ↓
Parish	Year of most recent Wiring Update <input type="radio"/> Complete <input type="radio"/> Partial			

Exterior material <input type="radio"/> Wood <input type="radio"/> Brick <input type="radio"/> Veneer <input type="radio"/> Stucco <input type="radio"/> Vinyl			
Carpport or Garage? <input type="radio"/> YES <input type="radio"/> NO	Attached? <input type="radio"/> YES <input type="radio"/> NO	Number of cars?	
Fireplace <input type="radio"/> YES <input type="radio"/> NO	Wood Burning Stove? <input type="radio"/> YES <input type="radio"/> NO	If YES, how many?	
What source of heating do you use?			
How many Bedrooms?	# of Full Baths	# of 1/2 Baths	
Swimming Pool <input type="radio"/> YES <input type="radio"/> NO	Diving board <input type="radio"/> YES <input type="radio"/> NO	Slide <input type="radio"/> YES <input type="radio"/> NO	
↑ If YES, is there a self-locking 8ft. fence around the pool? <input type="radio"/> YES <input type="radio"/> NO			
Trampoline <input type="radio"/> YES <input type="radio"/> NO	If YES, is there a safety net? <input type="radio"/> YES <input type="radio"/> NO		
Are there any Pets? <input type="radio"/> YES <input type="radio"/> NO	If YES, how many?	Breed?	

When was the home last painted?

Flooring Material <input type="radio"/> Carpet <input type="radio"/> Hardwood <input type="radio"/> Tile <input type="radio"/> Vinyl
Detached Structure <input type="radio"/> Shed <input type="radio"/> Gameroom <input type="radio"/> Garage <input type="radio"/> Living Space
If secluded, how many visible neighbors?
Do you operate an in-home business? <input type="radio"/> YES <input type="radio"/> NO If yes, what type?



9624 Brookline Avenue
Baton Rouge, LA 70809
TEL 225 927 0451
FAX 225 926 8510

Fax completed Survey to
225-926-8510
Attn:

or email to:
info@HenryInsuranceService.com

Year of most recent Heating Update <input type="radio"/> Complete <input type="radio"/> Partial	Year of most recent Plumbing Update <input type="radio"/> Complete <input type="radio"/> Partial
Dead Bolt Locks <input type="radio"/> YES <input type="radio"/> NO	Smoke Alarms <input type="radio"/> YES <input type="radio"/> NO
Fire Extinguishers <input type="radio"/> YES <input type="radio"/> NO	
Alarm System <input type="radio"/> YES <input type="radio"/> NO	Is it monitored? <input type="radio"/> YES <input type="radio"/> NO
If YES, who is the alarm monitored through? Monitored Services: <input type="radio"/> Burglar <input type="radio"/> Fire <input type="radio"/> Both	
Any smokers in the household? <input type="radio"/> YES <input type="radio"/> NO How many?	
Is there a mortgage on the home? <input type="radio"/> YES <input type="radio"/> NO	2nd Mortgage <input type="radio"/> YES <input type="radio"/> NO
Name of Mortgage Co.	Loan#
Address of Mortgage Co.	Ph#
Do you have any jewelry, furs, guns, silverware, arts, etc. that need to be listed on the policy? <input type="radio"/> YES <input type="radio"/> NO	
If YES, list details and	Value?

Coverages	
Desired Coverage Amount	Desired Deductible